Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

Light Source System With Open



EFS ID:

42358

Application ID:

10604053

Title of Invention:

Flames

First Named Inventor:

Dirk Ackermann

Domestic/Foreign Application:

Domestic Application

Filing Date:

2003-06-24

Effective Receipt Date:

2003-06-24

Submission Type:

Utility Patent Filing

Filing Type:

new-utility

Confirmation number:

1052

Attorney Docket Number:

NONE

Total Fees Authorized:

375.0

Payment Category:

Credit Card

Credit Card Number:

*********4106

Expiration Date:

09302004

Card Holder Name:

DIRK ACKERMANN

Postal Code:

80796

RAM Payment Status:

RAM success

RAM User ID:

EFSPROD

RAM Accounting Date:

2003-06-24

RAM Sequence Number:

719673

Digital Certificate Holder: Not trusted entity.

Certificate Message Digest: ef81849d249fd12dd5aa663609503bd935a7b921

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TRANSMITTAL

Electronic Version v1.1 Stylesheet Version v1.1.0

> Title of Invention

Light Source System With Open Flames

Application Number:

Date:

First Named Applicant: Mr. Dirk Ackermann

Confirmation Number: Attorney Docket Number:

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Submitted by:	Elec. Sign.	Sign. Capacity	
Mr. Dirk Ackermann	DAck	Inventor	

Files Documents being submitted LSsystem-usrequ.xml us-request us-request.dtd us-request.xsl us-fee-sheet LSsystem-usfees.xml us-fee-sheet.xsl us-fee-sheet.dtd application-body LightSys-trans.xml us-application-body.xsl

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application-body.dtd

wipo.ent

mathml2.dtd

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soextblx.dtd

Fig1.tif

Comments

FEE TRANSMITTAL

Electronic Version v08 Stylesheet Version v08.0

> Title of Invention

Light Source System With Open Flames

Application Number:

Date:

First Named Applicant: Mr. Dirk Ackermann

Attorney Docket Number:

TOTAL FEE AUTHORIZED \$375

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as small entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$				
Utility Filing Fee	2001	375	375				
Subtotal For Basic Filing Fee: \$375							

EXTRA CLAIM FEES

Fee Description	Extra Claims	Fee Code	Amount \$	Fee Paid \$
Total Claims: 1	0	2202	9	0
Independent Claims: 1	0	2201	42	0
		Subtotal	For Extra Cla	aims Fees: \$ 0

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Credit account number:

4106

Expiration Date (YYYYMMDD): 2004-09-30

Authorized name:

DIRK ACKERMANN

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